

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 004017	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/21/2015
NAME OF PROVIDER OR SUPPLIER CHRISTINA PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 1435 CHRISTIAN BLVD FRANKLIN, IN 46131		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaint IN00162152.</p> <p>Complaint IN00162152 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: January 20 & 21, 2015</p> <p>Facility number: 004017 Provider number: 004017 AIM number: N/A</p> <p>Survey team: Diana Zgonc, RN-TC</p> <p>Census bed type: Residential 59 Total: 59</p> <p>Census payor type: Other: 59 Total: 59</p> <p>Sample: 3</p> <p>Christina Place was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00162152.</p> <p>Quality Review 01/22/15 by Lisa McColly</p>	R 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE